

### **Minnesota River Valley Education District**

1315 East Black Oak Avenue PO Box 487 Montevideo MN 56265-0487 320-269-9297 320-269-5474 (Fax) www.mrved.com

### **MEMBER DISTRICTS:**

### BENSON ISD #777

Chad Payne, Brd, Mbr. Dennis Laumeyer, Supt. (320) 843-2710

### DAWSON-BOYD ISD #378

Brett Buer, Brd. Mbr. Brad Madsen, Supt. (320) 769-2955

### LAC QUI PARLE VALLEY ISD #2853

Cory Thorsland, Brd. Mbr. Renae Tostenson, Supt. (320) 752-4200

### **LAKEVIEW ISD #2167**

Nancy Bertrand, Brd. Mbr. Chris Fenske, Supt. (507) 423-5164

### MONTEVIDEO ISD #129

Darin Balken, Brd. Mbr. Dr. Luther Heller, Supt. (320) 269-8833

### **ORTONVILLE ISD #2903**

Jim Nelson, Brd. Mbr. Jeff Taylor, Supt. (320) 839-6181

### RENVILLE COUNTY WEST ISD #2890

Heather McLagan, Brd. Mbr. Michelle Mortensen, Supt. 320-329-8362

## YELLOW MEDICINE EAST ISD #2190

Steve Zumhofe, Brd. Mbr. Dr. Rick Clark, Supt. (320) 564-4081 March 3, 2016

Schools and Libraries Program Correspondence Unit Attention: Letter of Appeal 30 Lanidex Plaza West, PO Box 685 Parsippany, NJ 07054-0685

Applicant:

Minnesota River Valley Ed District (MRVED) BEN #146705

Contact Information: Mary Brown, MRVED Administrative Assistant

1315 E Black Oak Ave

PO Box 487

Montevideo MN 56265

320-269-9297

mbrown@mrved.net

Re:

USAC Invoice # 2295681 - Denied

Billed Entity #146705 FRN #2833305

Reimbursement Form #MRV15-HCI

EMAILED ON 3/3/2016 TO:

appeals@sl.universalservice.org

In order to fully understand this appeal, I believe it is necessary to first explain the relationship between the Minnesota River Valley Ed District (MRVED) and the Little Crow Telemedia Network (LCTN), as their involvement in this situation is key.

The MRVED and LCTN have been working collaboratively since the 1990's starting with shared classes over ITV. We currently contract with LCTN to oversee our WAN and provide upgrades to the equipment when necessary. The WAN serves 19 school districts in rural Minnesota. LCTN is made up of 11 districts and the MRVED has the remaining eight districts. During the FY15 e-rate funding year LCTN needed to perform a data center upgrade to their core switching environment to match throughput needed by the 19 school districts and increase Internet bandwidth at a total cost of \$27,527.38.

This upgrade qualified for Category 2 funding and LCTN requested that MRVED file for our portion of the upgrade, \$11,561.50, which was 42% of the cost (8 districts/19 districts=42%). When MRVED's 470 (#129340001316801) was filed, all questions and bids were referred to LCTN. LCTN evaluated the bids and selected HCI Data Corporation

(dba BusinessWare Solutions) as the winning service provider. MRVED filed the necessary 471 Application #1040039 and received a Funding Commitment Decision letter on 10/1/15 approving this funding request FRN #2833305 in the amount of \$8,208.67.

The invoicing of this Category 2 project has resulted in some confusion and the denial of our BEAR form. HCl Data Corporation (dba BusinessWare Solutions) invoiced LCTN for the full amount (\$27,527.38) unaware that they needed to divide up the invoice between LCTN and MRVED. LCTN paid the invoice in full not realizing the impact this would have on MRVED's e-rate reimbursement process. The equipment provided by HCl Data Corp (dba BusinessWare Solutions) was much needed to increase the data access/speed to the Internet for all 19 school districts. LCTN (BEN #145825, FRN #2831358) filed a BEAR on this equipment for their 11 school districts and was approved for their portion of this upgrade. The BEAR form and invoice (#2295681) filed by the MRVED was for our portion of this equipment upgrade serving our eight districts. The only difference is we did not pay HCl Data Corp (dba BusinessWare Solutions) directly. We were required to reimburse LCTN because they had paid our portion of the project to HCl Data Corp (dba BusinessWare Solutions). The MRVED had no control over the invoicing process and as a result is caught in a Catch 22.

I have included the following documents in this appeal to verify that the MRVED followed the e-rate process and that you have all of the information you need to make an informed decision:

Form 470 #129340001316801

Form 470 Receipt Notification Letter

Form 471 #1040039

Form 471 Receipt Acknowledgment Letter

Funding Commitment Decision Letter approving the Category 2 project

Form 486 #1102079

Form 486 Notification Letter

BEAR form MRV15-HCl, USAC Invoice # 2295681

Form 472 BEAR Notification Letter - denying payment

MRVED/LCTN 2015-2016 Contract

HCI Data Corp Original Invoice to LCTN - \$27,527.38

LCTN Invoice to MRVED for our portion of the Project - \$11,561.50 - this invoice from LCTN to the MRVED spells out how the payment should have been divided up had HCl Data Corp (dba BusinessWare Solutions) billed us separately.

Letter of support from LCTN

I'm hoping that you can reconsider your decision based on the fact that the work done was e-rate eligible, the service provider was a valid USAC provider, USAC approved the funding commitment, our 8 rural school districts were the recipients of this much needed upgrade, LCTN received their e-rate funding on this very same project, and lastly the MRVED was not in any way responsible for the invoicing process.

Thank you in advance for your assistance with this request. Should you need additional information, please don't hesitate to contact me.

Sincerely,

Mary Brown

MRVED Administrative Assistant

Mary Drawn

mbrown@mrved.net

320-269-9297

# FORM 470 #129340001316801

FCC Form 470
Universal Service Program Description of Services Requested and Certification Form



Entity Number: 146705

Contact Person: Karen Jacobson

Applicant's Form Identifier: MRV15-470B

Phone Number: (320) 269-9297

Please Record This Form 470 Application Number For Future Reference: This Number Must Be Used To Complete Your Application, If You Leave This Process Before The Application Is Completed.

Form 470 Application#: 129340001316801

FCC Form 470

Approval by OMB 3060-0806

# Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

Estimated Average Burden Hours per Response: 3 hours

This form is designed to help you describe the eligible services you seek so that this data can be posted on the Fund Administrator Internet Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this form.

Form 470 Application Number: 129340001316801 Applicant's Form Identifier: MRV15-470B Application Status: INCOMPLETE Posting Date: Allowable Contract Date: Certification Received Date: Block 1: Applicant Address and Information 1 Name of Applicant: MINNESOTA RIVER VALLEY ED DISTRICT 2 Funding Year: 2015 (Funding years run from July 1 through the following June 30) 3 Entity Number: 146705 4a Street Address, P.O.Box, or Route Number: 1315 East Black Oak Avenue City: MONTEVIDEO State: MN Zip Code: 56265-0487 4b Telephone Number: (320) 269-9297 4c Fax Number: Check the ONE choice in 5a that best describes the eligible entities that will receive the services described in this form. You will then list in Item 15 the entity/entities that [ Individual School (individual public or non-public school) C School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools) C Library (including library system, library outlet/branch or library consortium as definedunder LSTA) G Consortium (intermediate service agencies, states, state networks, consortia of schools and/or libraries) Statewide application for (enter 2-letter state code) representing (check all that apply) All public schools/districts in the state All non-public schools in the state All libraries in the state 5b Recipient(s) of Services - Check all that apply: ₩ Public Private Charter State Agency Tribal Mead Start 5c Number of eligible entities for which services are sought: 30 Block 1: Applicant Address and Information (continued) 6a Contact Person's Name: If the Contact Person's Street Address is the same as Item 4a above, check here. [" If not, complete Item 6b. 6b Street Address, P.O.Box, or Route Number: NOTE: USAC will use this address to mail correspondence 1315 East Black Oak Avenue PO BOX 487 City: MONTEVIDEO State: MN Zip Code: 58265-0487
Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided. 6c Telephone Number: (320) 269-9297 6d Fax Number: (320) 269-5474 ✓ 6e E-Mall Address:kjacobson@mrved.net Re-enter E-mail Address:kjacobson@mrved.net
If a consultant is assisting you with your application process, please complete item 7 below: 7 Consultant Name: Name of Consultant's Employer: Consultant's Street Address: City: State: Zip Code: Consultant's Telephone Number: Consultant's Fax Number: Consultant's E-mail Address: Re-enter E-mail Address: Consultant Registration Number:

Entity Number: 146705		Applicant's Form Identifier: MRV15-470B		
Contact Person: Karen Ja	cobson	Phone Number: (320) 269-9297		
Block 2: Summary	Description of Needs or Services	Requested		
8 Category One: Internet A	ccess and/or Telecommunications			
If you check YES to India 28 days. If your RFP is n	ate you have a Request for Proposals (RFP) the ot available to all interested bidders, or if you ch	at specifies the services you are seeking, your RFP must be available to all interested bidders for at least seck NO and you have or intend to have an RFP, you risk denial of your funding requests.		
a j YES, i have released	or intend to release an RFP for one or more of	these services. It is available or will become available on the Internet at:		
or vía (check one)	the contact person in Item 6 or	The contact person listed in Item 12		
Your RFP indentifier:				
b   NO, I have not releas	ed and do not intend to release an RFP for any	of these services.		
Whether you check YES or service, etc) and quantity a	NO, you must list below the Internet access an nd/or capacity (e.g., for voice service, 20 existin	d/or telecommunications you seek. Specify each service (e.g., voice service, monthly internet access ig lines plus 10 new ones, or for monthly internet access service, for 500 users).		
9 [Reserved]				

Entity Number: 146705	Applicant's Form Identifier: MRV15-470B
Contact Person: Karen Jacobson	Phone Number: (320) 269-9297
10 Category Two: Internal Connections and Managed Internal Broadband S	Services
If you check YES to indicate you have a Request for Proposals (RFP) the 28 days. If your RFP is not evailable to all interested bidders, or if you ch	at specifies the services you are seeking, your RFP must be available to all interested bidders for at leas eck NO and you have or intend to have an RFP, you risk denial of your funding requests.
a TYES, I have released or intend to release an RFP for one or more of	these services. It is available or will become available on the Internet at:
or via (check one) The contact person in Item 6 or	† the contact person listed in Item 12
Your RFP Indentifier:	
b 🂢 NO, I have not released and do not intend to release an RFP for any	of these services.
Whether you check YES or NO, you must list below the Internal Connection cabling) and quantity and/or capacity (e.g., connecting 1 classroom of 30 st	ns and Managed Internal Broadband Services you seek. Specify each service (e.g., a router,hub and ludents).
Service Quantity and/or Capacity	
Level 2-3 switch 75 ports, at least (2) 10 gig ports	
Rack mounted UPS 20 minute uptime of rack	
11 Category Two: Basic Maintenance of Internal Connections	
28 days. If your RFP is not available to all interested bidders, or if you che	t specifies the services you are seeking, your RFP must be available to all Interested bidders for at least ack NO and you have or intend to have an RFP, you risk denial of your funding requests.
a   YES, I have released or intend to release an RFP for these services. If	t is available or will become available on the Internet at:
or via (check one) The contact person in Item 6 or	the contact person listed in Item 12
Your RFP Indentifier:	* · ·
$\mathbf{b}_{}$ j $^{\mathbf{m}}$ NO, I have not released and do not intend to release an RFP for these	services.
Whether you check YES or NO, you must list below the Basic Maintenance capacity (e.g., for 10 routers).	services you seek. Specify each service (e.g., basic maintenance of routers) and quantity and/or

Entity Number: 146705

Applicant's Form Identifier: MRV15-470B

Phone Number: (320) 269-9297

Contact Person: Karen Jacobson

12 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This person does not need to be the contact person(s) listed in Item 6 nor the Authorized Person who signs this form.

Pete Royer

Title:

Technology Director

Telephone Number: (320) 295 - 7411

Fax Number: (320) 295 - 7509

Email Address: pete@ictn.k12.mn.us

Re-enter E-mail Address: pete@lctn.k12.mn.us

13 The Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures and/or provide an internet address where they are posted and a contact name and telephone number.

T Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this FCC Form 470. If you are requesting services for a funding year for which an FCC Form 470 cannot yet be filed online, include that information here.

### Block 3:

14. [Reserved]

Entity Number: 146705

Applicant's Form Identifier: MRV15-470B

Contact Phone Number: (320) 269-9297

### Block 4: Recipients of Service

Contact Person: Karen Jacobson

List the entity/entities that will be paying the bills directly to the provider for the services requested in this form.

These are known as Billed Entities. At least one line of this item must be completed, if a Billed Entity cited on your FCC Form 471 is not listed below, funding may be denied for the funding requests associated with this FCC Form 470. Attach additional pages if needed.

**Entity Number** 

**Entity Name** 

146705

MINNESOTA RIVER VALLEY ED DISTRICT

ALC: NAME OF TAXABLE PARTY.	/ Number: 14	The state of the s	Applicant's Form identifier: MRV15-470B				
200	500 BB 6 665	(aren Jacobson	Contact Phone Number: (320) 269-9297				
_		fications and Signature					
16	a I⊽	at the applicant includes: (Check one or both.) schools under the statutory definitions of elementary and secondar (38), that do not operate as for-profit businesses, and do not have	y schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801 (18) and endowments exceeding \$50 million; and/or				
	libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools (including, but not limited to elementary and secondary schools, colleges, and universities).						
17	Reserved						
18	I certify that I will post my FCC Form 470 and (if applicable) make any applicable RFP available for at least 28 days before considering all bids received an selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology goals.						
19	ᅜ	certification) after the last day of service delivered. I certify that I will	10 years (or whatever retention period is required by the rules in effect at the time of this I retain all documents necessary to demonstrate compliance with the statute and services receiving schools and libraries discounts. I acknowledge that I may be audited				
20	₽	54.500, and will not be sold, resold or transferred in consideration for C.F.R. § 54.513. Additionally, I certify that the entity or entities listed	ded by 47 U.S.C. § 254 will be used primarily for educational purposes, see 47 C.F.R. § or money or any other thing of value, except as permitted by the Commission's rules at 47 If on this form have not received anything of value or a promise of anything of value, other a service provider, or any representative or agent thereof or any consultant in connection				
21	ק ק	through this program, to all of the resources, including computers, to	onal upon the school(s) and/or library(les) I represent securing access, separately or aining, software, internal connections, maintenance, and electrical capacity necessary to aforementioned resources are not eligible for support. I certify that I have considered what				
22	ঘ	I certify that I am authorized to procure eligible services for the eligit entity(les) listed on this form, that I have examined this request, and herein are true.	ole entity(ies). I certify that I am authorized to submit this request on behalf of the eligible to the best of my knowledge, information, and belief, all statements of fact contained				
23	Ø	I certify that I have reviewed all applicable FCC, state, and local pro- acknowledge that persons willfully making false statements on this f 502, 503(b), or fine or imprisonment under Title 18 of the United Sta	curement/competitive bidding requirements and that I have complied with them. I orm may be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. §§ tes Code, 18 U.S.C. § 1001.				
24	V	I acknowledge that FCC rules provide that persons who have been a participation in the schools and libraries support mechanism are sub-	convicted of criminal violations or held civilly liable for certain acts arising from their				
Entity	Number: 146		Applicant's Form Identifier: MRV15-470B				
		iren Jacobson	Contact Phone Number; (320) 269-9297				
25 8	Signature of a	uthorized person: T	26 Date:				
27a	Printed nam	e of authorized person:					
13	Karen Jaco	bson					
27h	Title or nosit	ion of authorized person:	8				
2.0	Director	ion of dutionized person,					
	-		ā				
27c		here if the consultant in Item 7 is the Authorized Person.  ss, P.O. Box, Route Number, City, State, Zip Code:	a.				
		ck Oak Avenue	*				
	City: Monte State: MN	vídeo:	ti e				
	Zip Code: 5	6265-0487					
27d	Telephone N	lumber of Authorized Person:	*				
	(320) 269-92	297					
27e	Fax Number	of Authorized Person:					
	(320) 269-54		*				
27f F	E-mail Addres	ss of Authorized Person:	×.				
	kjacobson@						
	Re-enter E-r	nali Address:					
	kjacobson@						
27g	Name of Auth	norized Person's Employer:	é é				
	MN Rirver Va	alley Education District					
		Service provider involvement with prepara can taint the competitive bidding process at For more information, refer to the Schools a www.usac.org/sl or call the SLD Clien	nd result in the denial of funding requests. und Libraries area of the USAC web site at				

Entity Number: 146705 Applicant's Form Identifier: MRV15-470B

Contact Person: Karen Jacobson Phone Number: (320) 269-9297

NOTICE: In accordance with Section 54.503 of the Federal Communications Commission's rules, certain schools and libraries ordering services that are eligible for and seeking universal service discounts must file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator, 47 C.F.R. § 54,503 (c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.503. Schools and libraries must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your form without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

FCC Form 470 October 2014

### FCC Form 470

Universal Service Program Description of Services Requested and Certification Form



Applicant's Form Identifier: MRV15-470B

**Contact Person:** 

FCC Form

Entity Number: 146705 Phone Number: () -

> Approval by OMB 3060-0806

Do not write in this area

470

Schools and Libraries Universal Service
Program Description of Services Requested
and Certification Form

FCC Form 470 Application Number: 129340001316801

16. I certify that the applicant includes: (Check one or both.)

a. schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801 (18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b.□ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools (including, but not limited to elementary and secondary schools, colleges, and universities).

### 17. [Reserved]

- **18.** I certify that I will post any applicable FCC Form 470 and (if applicable) make any applicable RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology goals.
- 19. I certify that I will retain required documents for a period of at least 10 years after the last day of service delivered (or whatever retention period is required by the rules in effect at the time of this certification). I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the form for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 20. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes, see 47 C.F.R. § 54.500, and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. § 54.513. Additionally, I certify that the entity or entities listed on this form have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 21. I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity

necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that I have considered what financial resources should be available to cover these costs.

- 22. I certify that I am authorized to procure eligible services for the eligible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this form, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
- 23. I certify that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form may be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
- 24. I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.

25. Cert ID = 1534876	26.Date 2/3/2015				
27a. Printed name of authorized person Karen Jacobson					
27b. Title or position of authorized person Director					
Check here if the consultant in Item 7 is the Authorized Person.					
27c. Street Address, P.O. Box, Route Number, City, State, Zip C	ode				
1315 E Black Oak Avenue					
PO Box 487					
City Montevideo					
State MN	Zip Code 56265 -0487				
27d. Telephone number of Authorized Person: (320) 269-9297					
27e. Fax Number of Authorized Person: (320) 269-5474					
27f. E-mail Address of Authorized Person: kjacobson@mrved.net					
Re-enter E-mail Address					
27g. Name of Authorized Person's Employer: MN Rirver Valley Educ	فتعدنا المطبقة فيستجيب وجوسين والمساقية والمساقية والمساقية والمساقية والمساقية والمستجيب والمتحدد والمساقية				
ATTENTION: If you are signing FCC Form 470 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.					
Please Check to affirm your compliance 🗹					

FCC Form 470 Application Number:

MINNESOTA RIVER VALLEY ED DISTRICT 1315 East Black Oak Avenue MONTEVIDEO, MN 56265-0487 Service provider involvement with preparation or certification of an FCC Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the Schools and Libraries area of the USAC web site at www.usac.org/sl or call the SLD Client Service Bureau at 1-888-203-8100.

**NOTICE:** In accordance with Section 54.504 of the Federal Communications Commission's rules, certain schools and libraries ordering services that are eligible for and seeking universal service discounts must file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.503(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.503. Schools and libraries must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your form without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Done

1997 - 2015 ©, Universal Service Administrative Company, All Rights Reserved

# FORM 470 RECEIPT NOTIFICATION LETTER



### FORM 470 RECEIPT NOTIFICATION LETTER (Funding Year 2015: 07/01/2015-06/30/2016)

February 12, 2015

Karen Jacobson MINNESOTA RIVER VALLEY ED DISTRICT 1315 East Black Oak Avenue PO BOX 487 MONTEVIDEO, MN 56265-0487

Re: Form 470 Application Number: 129340001316801

Entity Number: 146705

Applicant's Form Identifier: MRV15-470B Date Form 470 Posted: 02/03/2015 Allowable Contract Date: 03/03/2015

This is your notification that the above FCC Form 470, "Description of Services Requested and Certification Form" was successfully posted to the USAC website. This posting begins the required 28-day competitive bidding process.

Attached to this Form 470 Receipt Notification Letter (RNL) is a Report summarizing the information you provided to USAC for the FCC Form 470 referenced above. Also included are advisories to assist you in appropriate use of the FCC Form 470 to establish funding requests on your FCC Form 471.

It is important that you review this Report and your FCC Form 470 using the Search Posted tool from the Apply Online page now to make sure the quantities, products, and services you require have been correctly posted and, if necessary, take any appropriate corrective action as soon as possible. You are allowed to correct certain errors on your form but not others. The Report indicates if a correction to a field is allowed.

If a correction to a field is allowed, follow the instructions below to submit

your correction to USAC.
If a correction to a field is not allowed, you must post a new FCC Form 470 and wait the required 28 days to correct this.

DO NOT SEND CORRECTIONS TO THE CLIENT SERVICE BUREAU. To make an allowable correction, please do the following:

- If you would like to request a correction to a field that does not appear in the attached Report, print a copy of your FCC Form 470 and clearly note your requested correction.
- Verify that the allowed correction can be made through the RNL correction process. Any non-allowable corrections submitted through the RNL correction process will not be made.
- Make a copy of your Report and indicate on the copy any allowable corrections in the spaces indicated.
- Sign the copy and include your name, title, contact information, and date.
   Submit the copy using the guidance posted on the "Ministerial & Clerical Errors" page on our website to make corrections.
- Corrections may be made until a Funding Commitment Decision Letter that features the above Form 470 Application Number is issued.
- Retain a copy of the RNL and any submitted corrections.
- To determine what corrections are allowable and why review of this Report is important to you, see the "Ministerial & Clerical Errors" page posted in the Reference Area of our website.



### GENERAL REMINDER

- Use the Form 470 Application Number shown above in any FCC Form 471, Block 5 Funding Request that cites this FCC Form 470. Share this number with those schools and/or libraries who may wish to cite this FCC Form 470 in their FCC Form(s) 471.

Follow all applicable state and local procurement laws and be prepared to

demonstrate compliance with these laws.

Include appropriate contingencies in contracts for any or all of the requested services in the event of modification or denial of funding.

See "Guide to USAC Letter Reports" posted in Reference Area of our website for a description of each of the fields featured in the Report.

Watch our website for information about the FCC Form 471 filing window.

You can view your entire FCC Form 470 by clicking on the "Search Posted" button in the Apply Online area of the website.

Use the print feature on your browser to print any portion of your FCC Form 470 or the entire application as posted

the entire application as posted.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100. DO NOT SEND CORRECTIONS TO OUR CLIENT SERVICE BUREAU.

Schools and Libraries Division Universal Service Administrative Company

### Form 470 129340001316801 RNL Report Funding Year 2015

THIS REPORT DOES NOT CONTAIN ANY DECISIONS CONCERNING YOUR REQUESTS FOR DISCOUNTS.

USE THIS REPORT TO LIST OR INDICATE CORRECTIONS YOU WISH TO MAKE TO YOUR FCC FORM 470.



Follow the guidance posted on the "Ministerial & Clerical Errors" page on our website to make allowable corrections. All corrections - including corrections to new fields - are subject to review for Program compliance and approval.

Allowable Contract Date: 03/03/2015
This is the earliest date to execute contracts for contracted services, select your service provider(s) (including tariff/month-to-monthservice providers), and sign and submit your FCC Form 471 based on this FCC Form 470. Any funding request with earlier dates for these actions that cite this FCC Form 470 as the establishing FCC Form 470 will result in denial.

 NOTE: If you issue an RFP after you post your FCC Form 470, you must wait the required 28 days starting with the day that the RFP becomes publicly available to all bidders.

Cor	rections Below Submitt	ed by:	0.40		+ 1 1 2
Sig	nature:	D	ate:		t de la companya de l
Pri	nted Name:				
Tit	le:			<del> </del>	
Ema	il, Fax Number or Phone	e Number:			
Ite	m #	Data Entered on FCC Form 47	0	Make Correct	ions Here
	Name of applicant	MINNESOTA RIVER VALLEY ED DISTRICT			1
3.	Entity Number	146705			
5b.	Recipients of Service	50% / Pris.			
5c.	Number of Eligible	30			
	Entities				
6a.	Contact Person's Name	Karen Jacobson			
6c.	Contact Telephone	320-269-9297			
6d.	Contact Fax Contact Email	320-269-5474			
6e.	Contact Email	kjacobson@mrved.net			
7.	Consultant Name				
	Consultant Number				
	Consultant Employer				
8.	Internet/Telecom	Not Posted		Corrections	not allowed
10.	Internal Connections	Posted - No RFP		Corrections	
	and Managed Internal				
	Broadband Services				
11.	Basic Maintenance of	Not Posted		Corrections	not allowed
	Internal Connections				and the state of

- You cannot seek discounts for products or services in a Category of Service on the FCC Form 471 if those services in those categories were not indicated on a FCC Form 470. You must post a new FCC Form 470 indicating all categories where services may be requested and wait the required 28 days to
- correct this.

  If you indicated in this FCC Form 470 that an RFP is available for a service but one is not, your funding request will be denied. You must post a new FCC Form 470 indicating that an RFP is not available and wait the required 28 days to correct this.

470 RNL

## Form 470 129340001316801RNL Report Funding Year 2015

Item #

Data Entered on FCC Form 470

Make Corrections Here

12. Technical Contact Name Telephone Number

Pete Royer 320-295-7411 320-295-7509

Fax Number Email Address

pete@lctn.k12.mn.us

Corrections not allowed

15. Billed Entities 146705 - MINNESOTA RIVER VALLEY ED DISTRICT

- Billed Entities other than the entity listed in Item 3 of this form must be listed in Item 15 except as indicated on the form.

# FORM 471 #1040039



FCC Form 471 - Funding Year 2015

Hide this menu

Billed Entity Information

Application Type and Recipients of Service

Application Number & Security Code

Contact Information

# Application Number and Security Code

You will need this information in order to log back into the application.

**Application Number: 1040039** 

Security Code: 21628

This information has been emailed to <a href="mailto:mbrown@mrved.net">mbrown@mrved.net</a>.

If you would like to give this application a nickname, enter it here

MRV15-471B

◆ BACK

NEXT >

Applicant: **Billed Entity Number:** Date Submitted:

MINNESOTA RIVER VALLEY ED DISTRICT

146705 Apr 15, 2015 **Application Number:** Nickname: **Date Certified:** 

1040039 MRV15-471B Apr 15, 2015

Original Form Data 🗸

Current Farm Data

Current form data is not available until a funding commitment decision has

been made and an FCDL has been sent to the applicant. Basic Information Billed Entity Contact Information Name of Billed Entity: MINNESOTA RIVER VALLEY ED DISTRICT Contact Person's Name: Karen jacobson **Billed Entity Number: 146705** Contact Person's Email Address: kjacobson@mrved.net FCC Registration Number: 0011756814 Is the contact person's address the same as that of the Billed **Entity?** Yes Address 1: 1315 East Black Oak Avenue Correspondence Address: BEN address City: MONTEVIDEO State: MN Zip Code: 56265 - 0487 Name of person to receive correspondence: Karen Jacobson Telephone Number: (320) 269-9297 Ext: None Provided Holiday / Summer Contact Information: Fax Number: Application Type and Recipients of Service Type of Application: Consortium Recipients of Services: Public, Head Start Discount Calculation Expand All Collapse All Scroll to Top Funding Request Category: Category 2 DAWSON-BOYD SCHOOL DIST 378 - 133866 BENSON SCHOOL DISTRICT 777 - 133858 LAKEVIEW SCHOOL DISTRICT 2167 - 133865 LAC QUI PARLE VALLEY DIST 2853 - 133875 MONTEVIDEO SCHOOL DISTRICT 129 - 133884 RENVILLE COUNTY WEST SCHOOL DISTRICT #2890 - 133896 ORTONVILLE SCHOOL DISTRICT 2903 - 133891 YELLOW MEDICINE EAST SD 2190 - 133868

Overall Discount

**Sum of Member Discounts** Number of Members

MINNESOTA RIVER VALLEY ED DISTRICT - 146705

**Overali Category 2 Discount** 

Funding Requests

Expand All Collapse All A Scroll to Top

BusinessWare - 2833305

Key Information

**Duplicate Funding Request Number:** Service Type: INTERNAL CONNECTIONS Form470 Number: 129340001316801

Exempt470 Reason:

SPIN (Service Provider Identification Number): 143006861

SPIN Name: HCI Data Corporation Billing Account Number: BWSQ2235-01

Purchase Type: CONTRACT Contract Number: BWSQ2235-01

What is the date you awarded your contract? 04/01/2015

What is the date your contract expires? 06/30/2016

When will the services start? 07/01/2015

When will the services end?

Does your contract have any voluntary extensions? No How many extensions are left on the contract? What is the total remaining length of the contract if you exercised all extensions (in months)?

Is this Funding Request covered under a master contract?

Is this Funding Request a continuation of an FRN from a previous funding year based on a multi-year contract? No Previous FRN Number:

#### Narrative:

Data Center equipment upgrade to our core switching environment to match throughput needed by cooperative members and our Internet bandwidth. Currently do not have a port beyond 1 gig. We will be beyond 1 gig of Internet probably by next year and need data switches to be able to match that throughput.

Is there a statute, rule, or other restriction which prohibits publication of the pricing information? No

Type of restriction: **Restriction Citation:** 

ltem 21 Details

FRN Line Item Number	Connection Type	Product Type	Quantity	Unît	Make	Model	Lease Agreement?	Monthly Cost Eligible Ineligible	One Time Cost Eligible Ineligible	Extended Cost
<b>O</b> 1	Data Distribution	Switch	1.	Dozen	Hewlett Packard	HP E5412 plus two HP Expansion Module 20 x 1000 base-T	No .	\$0.00 \$0.00	\$8,345.40	\$8,345.40
<b>o</b> 2	Data Protection	Uninterruptible Power Supply / Battery Backup	2	Each	American Power Conversion	Smart UPS 3000VA Rack/Tower LCD 100- 127V	No	\$0.00	\$2,417.51 \$0.00	\$2,417.51
<b>0</b> 3	Racks	Racks and Cabinets	1	Each	Tripplite	SR42UB	No	\$0.00 \$0.00	\$798.59 \$0.00	\$798.59
ltem 21	l Details	E 8 8 8 6 8 18	100, 000 W			DA SE W MAND II V	www.ni.es			

Funding Request Summary

Total Post Discount Request: \$8,208.66

BusinessWare - 2833305

Certifications & Signatures

Collapse All Scroll to Top

I certify that the entities listed in Block 4 of this application are eligible for support because they are:

- schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- ✓ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

Α	Total funding year pre-discount amount on this FCC Form 471	\$11,561.50
В	Total funding commitment request amount on this FCC Form 471	\$8,208.66
C	Total applicant non-discount share	\$3,352.84
D	Total budgeted amount allocated to resources not eligible for E-rate support	\$107,114.00
E	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resource necessary to make effective use of the discounts	\$110,466.84

- D Check this box if you are receiving any of the funds in Item E directly from a service provider listed on any of the FCC Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the FCC Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item E.
- ✓ I certify that an FCC Form 470 was posted and that any related RFP was made available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology goals.
- ✓ 1 certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- ✓ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes, see 47 C.F.R. § 54.500 and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- ✓ I certify that I and the entity(ies) I represent have complied with all program rules, including recordkeeping requirements, and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts or other legally binding agreements covering all of the services listed on this FCC Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
- I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- ✓ I certify that I will retain required documents for a period of at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- ✓ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

- ✓ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- ✓ I certify that if any of the Funding Requests on this FCC Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).
- ✓ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this FCC Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

### **Authorized Person**

Name of authorized person: Karen Jacobson
Title or position of authorized person: Director
Street address, P.O. Box or Route Number of authorized person
(1): 1315 East Black Oak Avenue

Street address, P.O. Box or Route Number of authorized person

(2): PO BOX 487

City of authorized person: MONTEVIDEO

State: MN

Zip code of authorized person: 56265 Telephone number: (320) 269-9297

Ext.:

Fax number of authorized person:

Email address of authorized person: kjacobson@mrved.net Name of authorized person's employer: MINNESOTA RIVER VALLEY ED DISTRICT

Back

# FORM 471 RECEIPT ACKNOWLEDGMENT LETTER





### FORM 471 RECEIPT ACKNOWLEDGMENT LETTER (Funding Year 2015: 07/01/2015 - 06/30/2016)

April 23, 2015

Karen Jacobson MINNESOTA RIVER VALLEY ED DISTRICT 1315 East Black Oak Avenue PO BOX 487 MONTEVIDEO, MN 56265-0487

Re: Form 471 Application Number: 1040039 Funding Year 2015: 07/01/2015 - 06/30/2016 Applicant's Form Identifier: MRV15-471B Billed Entity Number: 146705

Your certified FCC Form 471, "Services Ordered and Certification Form," requested \$11,561.50 in total Schools and Libraries Program (Program) pre-discount costs for services. A copy of this information has been provided to the service provider(s) whose Service Provider Identification Number(s) (SPIN) is featured on this Form 471.

USAC provides a separate Form 471 Receipt Acknowledgment Letter (RAL) with a RAL Funding Requests Report (Report) for each application certified within the application window. The Report summarizes the information provided to USAC. A space is provided for you to make allowable corrections to any clerical errors or errors that you realize may result in reduction or denial of funding. USAC will perform a complete analysis before funds are committed. If additional errors are found during our review we will attempt to contact you for clarification before making a decision that results in denials or reductions.

Review this Report to verify that the information accurately reflects your request. If the information is accurate, file this letter with your records.

DO NOT SEND CORRECTIONS TO THE CLIENT SERVICE BUREAU. To make corrections, please do the following:

- Corrections may be made until a Funding Commitment Decision Letter for this FCC Form 471 application is issued.
- If you would like to request a correction to a field that does not appear in the attached Report, print a copy of your FCC Form 471 and clearly note your requested correction.
- If contact information provided above is incorrect, note any correction above and
- submit a signed copy of this page as a correction.

  Indicate any corrections you wish to make in the Report in the spaces indicated.

  Sign where indicated, and provide your name, title, contact information and date.

  Submit a copy of your marked-up RAL to the email address, fax number or mailing address posted in the "Ministerial & Clerical Errors" page of our website.
- Retain a copy of the RAL and any submitted corrections.

### REMINDERS REGARDING THE RAL

- This letter does NOT contain any decisions concerning your requests for discounts.
  Funding requests that did not pass Minimum Processing Standards are not included in the Report following this letter.
  See "Guide to USAC Letter Reports" posted in the Reference Area of our website for a description of each individual field in the following Report.
  If you would like to view an FCC Form 471 application, click the "Display" button in the Apply Online Area of the website. Enter the Application Number where indicated. Use the print feature on your browser to print any portion of your FCC Form 471 or the entire application as displayed for your records or to include with any corrections. entire application as displayed for your records or to include with any corrections submitted.

### GENERAL REMINDERS

 Retain documentation showing that you have complied with all statutes and Federal Communications Commission rules. See "Document Retention" posted in the Reference Area of our website.

Retain all required documents for a period of at least 10 years after the last day of

service delivered.

 Budgeted funds to provide necessary resources must NOT be provided directly or indirectly by a service provider.

indirectly by a service provider.

- Respond promptly to any USAC requests for clarification or additional information.

- Work with your service provider(s) to ensure timely delivery of discounted services.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100. DO NOT SEND CORRECTIONS TO THE

CLIENT SERVICE BUREAU.

Schools and Libraries Division Universal Service Administrative Company

### Form 471 1040039 RAL Funding Requests Report



THIS REPORT DOES NOT CONTAIN ANY DECISIONS CONCERNING YOUR REQUESTS FOR DISCOUNTS. USE THIS REPORT TO LIST OR INDICATE CORRECTIONS YOU WISH TO MAKE TO YOUR FCC FORM 471. Follow the guidance posted on the "Ministerial & Clerical Errors" page on our website to make allowable corrections. All corrections - including corrections to new fields - are subject to review for Program compliance and approval. Corrections Submitted by: Signature: Date: Printed Name: Title: Email, Fax Number or Phone Number: Item Data Entered on FCC Form 471 Make Corrections Here la. Name of Billed Entity MINNESOTA RIVER VALLEY ED DISTRICT Corrections Not Allowed 3. Corrections Not Allowed Billed Entity Number 146705 Contact Person's Name Karen Jacobson Corrections Not Allowed 6. Preferred mode of contact Email 6c. Contact Phone 320-269-9297 6d. Contact Fax 6e. Email kjacobson@mrved.net 6f. Holiday/vacation/summercontact information - if provided

6g. Consultant Name Consultant Number Consultant Employer

The Billed Entity name, address, phone and fax numbers cannot be changed via the RAL correction process.

04/23/2015

### Block 4

While the RAL does not contain Block 4 Worksheet Information, you are allowed to make the following modifications:

- Delete entities from Block 4

- Add entities to Block 4

- Correct any Block 4 information for an entity (RAL corrections are not required for student counts that don't affect your Program discount.)

To delete an entity;

Provide a separate page stating that you wish to delete the entity and provide:

Application #
Worksheet #
Entity #
Entity Name

To add an entity; Include an additional page from a blank FCC Form 471 Block 4 Worksheet, available on the "Forms" page on our website. All fields must be completed. Indicate the worksheet number to which this entity should be added or indicate if a new worksheet should be created.

To correct an entity; Print the Block 4 worksheet for your FCC Form 471 application using the 'Display' button in the Apply Online area of our website and make corrections to the appropriate field.

#### Block 5

USAC may require additional information before making requested corrections to certain fields in Block 5 such as Category of Service, Contract Award or Expiration Dates, etc.

Follow the instructions above to print a copy of the Block 5 Discount Funding Request (FRN) to correct information not included in the Report, such as the broadband services and connectivity information you provided in Item 24.

### Form 471 1040039 RAL Funding Requests Report

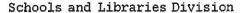
FRN: 2833305

IF YOU WISH TO CANCEL THIS FRN, PLEASE CHECK HERE



Ite	m #	Data Entered on FCC Form 471	Make Corrections Here
11.	Service Type	Internal Connections	
12.	470 App#	129340001316801	
13.	SPIN	143006861	d
14.	Service Provider Name	HCI Data Corporation	
15b	. Contract Number	BWSQ2235-01	
16a	. Billing Account Number	BWSQ2235-01	
16b	Multiple Billing Account Numbers	BWSQ2235-01 N	
18.	Contract Award Date	04/01/2015	in the second
19a.	Service Start Date	07/01/2015	
19b.	Service End Date		91 8
19c.	Contract Expiration Date	06/30/2016	
20a.	Monthly Charges	\$0.00	3
,20b.	Ineligible Monthly Amt	\$0.00	
20c.	Eligible Monthly Amt	\$0.00	
20d.	Number of months of service	12	
20e.	Annual pre-discount	\$.00	Calculated - Not Input
20f.	Amount for eligible recurring charges Annual Non-Recurring (One-Time) Charges	\$11,561.50	er u
20g.	Ineligible Non-Recurring Amt	\$0.00	,
20h.	Annual pre-discount amount for eligible non-recurring charges	\$11,561.50	Calculated - Not Input
	Total Pre-discount Amt Discount	\$11,561.50 71	Calculated - Not Input See Block 4 Above
20k.	from Block 4 Funding Commitment	\$8,208.67	Calculated - Not Input
23f.	Request Service provider assistance with funding	No	a a

# FUNDING COMMITMENT DECISION LETTER





### FUNDING COMMITMENT DECISION LETTER (Funding Year 2015: 07/01/2015 - 06/30/2016)

October 1, 2015

Karen Jacobson MINNESOTA RIVER VALLEY ED DISTRICT 1315 East Black Oak Avenue PO BOX 487 MONTEVIDEO, MN 56265-0487

Re: FCC Form 471 Application Number: 1040039

Billed Entity Number (BEN): 146705 Billed Entity FCC Registration Number (FCC RN): 0011756814 Nickname: MRV15-471B

Thank you for your Funding Year 2015 application for Universal Service Support and for any assistance you provided throughout our review. The current status of the funding request(s) in the FCC Form 471 application cited above and featured in the Funding Commitment Report(s) (Report) at the end of this letter is as follows.

- The amount, \$8,208.67 is "Approved."

Please refer to the Report following this letter for specific funding request decisions and explanations. The Universal Service Administrative Company (USAC) is also sending this information to your service provider(s) so preparations can begin for implementing your approved discount(s) after you file FCC Form 486, Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form. A guide that provides a definition for each line of the Report is available in the Guide to USAC Letter Reports in the Reference Area of our website.

### NEXT STEPS

Work with your service provider to determine if you will receive discounted bills or if you will request reimbursement from USAC after paying your bills in full. Review Children's Internet Protection Act (CIPA) requirements.

- File FCC Form 486.
- Invoice USAC using the FCC Form 474, Service Provider Invoice (SPI) Form, or FCC Form 472,  $\mathtt{Billed}$   $\mathtt{Entity}$   $\mathtt{Applicant}$   $\mathtt{Reimbursement}$  ( $\mathtt{BEAR}$ )  $\mathtt{Form}$ , as  $\mathtt{products}$  and  $\mathtt{services}$  are being delivered and billed.

### TO APPEAL THIS DECISION:

If you wish to appeal a decision in this letter to USAC, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

- 1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
- State outright that your letter is an appeal. Include the following to identify the USAC decision letter (e.g., FCDL) and the decision you are appealing: Appellant name,

 Applicant name and service provider name, if different from appellant,
 Applicant BEN and Service Provider Identification Number (SPIN), FCC Form 471 Application Number 1040039 and the Funding Request Number (FRN) or Numbers as assigned by USAC, "Funding Commitment Decision Letter for Funding Year 2015," AND

The exact text or the decision that you are appealing.

- Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
- 4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
- 5. Provide an authorized signature on your letter of appeal.

We strongly recommend that you use one of the electronic filing options. To submit you appeal to USAC by email, email your appeal to appeals@sl.universalservice.orgor submit your appeal electronically by using the "Submit a Question" feature on the USAC websit. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to USAC by fax, fax your appeal to (973) 599-6542.

To submit your appeal to USAC on paper, send your appeal to:

Letter of Appeal Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

For more information on submitting an appeal to USAC, please see "Appeals" in the Schols and Libraries section of the USAC website.

### OBLIGATION TO PAY NON-DISCOUNT PORTION

Applicants are required to pay the non-discount portion of the cost of the products and/or services to their service provider(s). Service providers are required to bill applicants for the non-discount portion. The FCC stated that requiring applicants to pay their share ensures efficiency and accountability in the program. If USAC is being billed via the FCC Form 474, the service provider must bill the applicant at the same time it bills USAC. If USAC is being billed via the FCC Form 472, the applicant pays the service provider in full (the non-discount plus discount portion) and then seeks reimbursement from USAC. If you are using a trade-in as part of your non-discount portion, please refer to Disposal or Trade-in of Equipment posted in the Reference Area of our website for more information.

### NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Program. Applicants who have received funding commitments continue to be subject to audits and other reviews that USAC and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. USAC may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by USAC, the applicant, or the service provider. USAC, and other appropriate authorities (including but not limited to the FCC), may pursue enforcement actions and other means of recourse to collect improperly disbursed funds.

Schools and Libraries Division Universal Service Administrative Company

### FUNDING COMMITMENT REPORT Billed Entity Name: MINNESOTA RIVER VALLEY ED DISTRICT BEN: 146705

Funding Year: 2015

Comment on RAL corrections: The applicant did not submit any RAL corrections.

FCC Form 471 Application Number: 1040039

Funding Request Number: 2833305

Funding Status: Funded

Service Type: Internal Connections FCC Form 470 Application Number: 129340001316801

SPIN: 143006861

Service Provider Name: HCI Data Corporation Contract Number: BWSQ2235-01

Billing Account Number: BWSQ2235-01

Service Start Date: 07/01/2015

Service End Date: N/A

Contract Award Date: 04/01/2015 Contract Expiration Date: 06/30/2016

Shared Worksheet Number:

Number of Months Recurring Service Provided in Funding Year: 12 Annual Pre-discount Amount for Eligible Recurring Charges: \$.00 Annual Pre-discount Amount for Eligible Non-recurring Charges: \$11,561.50

Pre-discount Amount: \$11,561.50

Discount Percentage Approved by the USAC: 71% Funding Commitment Decision: \$8,208.67 - FRN approved as submitted

FCDL Date: 10/01/2015

Wave Number: 019

Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2016

Consultant Name:

Consultant Registration Number (CRN):

Consultant Employer:

# FORM 486 #1102079

Need Help?

FCC Form 486

⊖Print Preview

Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form

Applicant's Form Identifier: MRV15-486B FCC Form 486 Number: 1102079

Security Code:

15648

Please record your FCC Form 486 Number and Security Code. You will need this information if you wish to exit and then return later to this online FCC Form 486 application.

Save & Exit

< Previous

Next >

SLD Home | Contact Us

Client Service Bureau: 1-888-203-8100

© 1997-2015, Universal Service Administrative Company. All Rights Reserved.

Schools and Libraries Universal Service Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form To be completed by the Billed Entity Please read Instructions before completing.  Applicant's Form Identifier MRV15-486B (Create your own code to identify THIS FOC Form 486).  FOC Form 486 Application#: 1102079 (To be assigned by administrator)  Block 1: Billed Entity MINNESOTA RIVER VALLEY ED DISTRICT  2. Billed Entity Number 146705  3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailling Address of Billed Entity Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN  Secasion Foundation Contact Person Information Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN  Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Successory Suc	FCC Form 486	Do Not Write	in this Area	Approval by OMB
Schools and Libraries Universal Service Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form To be completed by the Billed Entity Please read instructions before completing.  Applicant's Form Identifier MRV15-486B (Creats your own code to identify JNIS FCC Form 486)  FCC Form 486 Application#: 1102079 (To be assigned by administrator):  FIGURE 1: Billed Entity Information  1. Name of Billed Entity MINNESOTA RIVER VALLEY ED DISTRICT  2. Billed Entity Number 146705  3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number  1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State Zip Code MN 56265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number  1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Fax Number	DO NOT STAPLE	a l		3060-0853
Schools and Libraries Universal Service  Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form To be completed by the Billed Entity Please read instructions before completing.  (You can also file online)  Applicant's Form Identities MRV16-488B (Create your own code to identify THIS FCC Form 486)  (To be assigned by administrator)  FCC Form 486 Application#: 1102079  (To be assigned by administrator)  Block 1: Billed Entity Information  1. Name of Billed Entity MINNESOTA RIVER VALLEY ED DISTRICT  2. Billed Entity Number 146705  3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  FO BOX 487  City  MONTEVIDEO  State Zip Code MN 56265 - 0487  Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1316 East Black Cak Avenue  FO BOX 487  City  MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Fax Number 320-269-9297  Fax Number 320-269-9297  Fax Number 320-269-5474			,	1
Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form To be completed by the Billed Entity Please read instructions before completing.  Applicant's Form Identifier MRV15-486B (You can also file online)  Applicant's Form Identifier MRV15-486B (To be assigned by administrator)  Block 1: Billed Entity Information  1. Name of Billed Entity Information  1. Name of Billed Entity Information  1. Name of Billed Entity Number 146705 3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  PO BOX 487  City State Zip Code MN 56265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Fax Number Fax Number 320-269-9297 Extension Fax Number Fax Number Fax Number States one Name Raten Dates on States one Sta				per response: 1.5 riours
Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form To be completed by the Billed Entity Please read instructions before completing.  Applicant's Form Identifier MRV15-486B (You can also file online)  Applicant's Form Identifier MRV15-486B (To be assigned by administrator)  Block 1: Billed Entity Information  1. Name of Billed Entity Information  1. Name of Billed Entity Number 146705 3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  PO BOX 487  City State Zip Code MN 56265 - 0487  Telephone Number 320-268-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Fax Number Fax Number 320-269-9297 Extension Fax Number 1320-269-5474		Schools and Librarie	s Universal Service	٥
To be completed by the Billed Entity Please read instructions before completing.  Applicant's Form Identifier MRV15-486B (Create Your own code to Identify THIS FCC Form 486).  Block 1: Billed Entity Information  1. Name of Billed Entity Number   146705   3. Funding Year July 1, 2015   through June 30, 2016  4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number   1315 East Black Oak Avenue  PO BOX 487  City	Receipt of Service Confirmatio			hnology Plan Certification Form
Please read instructions before completing.   (You can also file online)				Tr.
Applicant's Form Identifier MRV15-486B (Create your own code to identify THIS FCC Form 486). (To be assigned by administrator)  Block 1: Billed Entity Information  1. Name of Billed Entity Number 146705  2. Billed Entity Number 146705  3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  PO BOX 487  City State Zip Code MN 56265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Fax Number 320-269-9297  Fax Number 520-269-5474		eting.	2	(You can also file online)
Block 1: Billed Entity Information  1. Name of Billed Entity MINNESOTA RIVER VALLEY ED DISTRICT  2. Billed Entity Number 146705 3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO State Zip Code MN 56265 - 0487  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)    Telephone Number 320-269-9297   Extension   Fax Number 320-269-5474	Applicant's Form Identifier MRV1	5-486B	FCC Form 486 Ap	TORON PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROP
1. Name of Billed Entity  MINNESOTA RIVER VALLEY ED DISTRICT  2. Billed Entity Number 146705 3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailing Address of Billed Entity  Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  PO BOX 487  City State Zip Code MN 56265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  □ Telephone Number S20-269-9297 Extension □ Fax Number 320-269-5474  □ Telephone Number Extension □ Fax Number 320-269-5474	(Create your own code to identify THIS	S FCC Form 486)	and traditional for column and the second second	Company of the Compan
MiNNESOTA RIVER VALLEY ED DISTRICT  2. Billed Entity Number 146705 3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  PO BOX 487  City State Zip Code MN 56265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-5474	Block 1: Billed Entity Informati	on ·		
2. Billed Entity Number 146705 3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailling Address of Billed Entity Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  PO BOX 487  City State Zip Code MN 56265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  □ Telephone Number Extension □ Fax Number 320-269-9297 320-269-5474  □ Telephone Number Extension □ Fax Number 320-269-5474	1. Name of Billed Entity			
2. Billed Entity Number 146705 3. Funding Year July 1, 2015 through June 30, 2016  4. Complete Mailling Address of Billed Entity Street Address, P.O. Box, or Route Number 1315 East Black Oak Avenue  PO BOX 487  City State Zip Code MN 56265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  □ Telephone Number Successor Street Address Successor Succe	MININESOTA DIVED VALUEVED DIST	DICT		
A. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number  1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO State MN S6265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number 320-269-9297 Stension Fax Number 320-269-5474	WINNESOTA RIVER VALLEY ED DIST	NO I		
Street Address, P.O. Box, or Route Number   1315 East Black Oak Avenue	2. Billed Entity Number 146705	3. Funding Ye	ar July 1, 2015	through June 30, 2016
Street Address, P.O. Box, or Route Number   1315 East Black Oak Avenue	4 Complete Mailing Address of Ri	lled Entity		
PO BOX 487  City State Zip Code MN 56265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  □ Telephone Number Extension □ Fax Number 320-269-9297 320-269-5474  □ Telephone Number Stension □ Fax Number 320-269-5474		975		
State	Or obt / today of / today	1315 East B	lack Oak Avenue	
State				
MONTEVIDEO  MN 56265 - 0487  Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297  Email Address		PO BOX 487		
Telephone Number 320-269-9297 Extension Fax Number  5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297 320-269-5474				5825.40 156961595
5. Contact Person Information Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number 1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297 320-269-5474	MONTEVIDEO		MN	56265 - 0487
Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number  1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297  State Monte Person Number Extension Saco-269-5474	Telephone Number 320-269-9297	Extension	Fax Number	
Contact Person Name Karen Jacobson  Street Address, P.O. Box or Route Number  1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297  State Min Sip Code 56265 - 0487	5 Contact Person Information	S-EUREDOUGH KALKUDDO-IDISEK/ADOMIKALISEKAKOMININGAKAKOMININGAKA		
Street Address, P.O. Box or Route Number  1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297 320-269-5474	12700 / 2-20-000 NO 25-07 0	phean		
1315 East Black Oak Avenue  PO BOX 487  City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297 320-269-5474	Contact Forson Harris Indicator			
City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297 320-269-5474	이 사람이 가장 가는 그 집에 가는 것이 되었다면 하다 나는 것이 되었다. 그 사람들은 사람들은 경기를 받는 것이 되었다면 되었다.	ber		
City MONTEVIDEO  State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297 320-269-5474	1315 East Black Oak Avenue	·········		A-1
State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297 320-269-5474	PO BOX 487			
State MN Zip Code 56265 - 0487  Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297 320-269-5474	City		***	
Check the box next to the preferred mode of contact. (At least one box MUST be checked.)  Telephone Number Extension Fax Number 320-269-9297 320-269-5474	MONTEVIDEO			
☐ Telephone Number         Extension         ☐ Fax Number           320-269-9297         320-269-5474           ☑ Email Address         320-269-5474	State MN	Zip Code 56265 - 0487		
☐ Telephone Number         Extension         ☐ Fax Number           320-269-9297         320-269-5474           ☑ Email Address         320-269-5474	Check the box next to the preferre	d mode of contact. (At le	ast one box MUST be cl	necked.)
320-269-9297 320-269-5474	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Marco and the Control of the Control	-	71 87
▼ Email Address	the state of the s		3	20-269-5474
kjacobson@mrved.net	Email Address kjacobson@m	ved.net	umin el complescopiosis cost	

DO NOT STA	APLE		OMB	Control No. 3060-085
Entity Num	ber	146705	Applicant's Form Identifier	MRV15-486B
Contact Pe	rson	Karen Jacobson	Phone Number	320-269-9297
10.	The state of the s	rmation and CIPA Waiver	Requests	
6a. Early Fil				
	BOX BELOW IF TH Y 31 OF THE FUN		6 ARE FOR SERVICES STARTING ON OR	
	Commitment De	cision Letter (FCDL). I have con	een approved by USAC as shown in my Funding firmed with the service provider(s) featured in ill start on or before July 31 of the Funding Year	
3:	month of July o	of the relevant Funding Year	option if and ONLY if services will start wit , all relevant certifications in Block 4 can be postmarked on or before July 31 of the Fu	9
6b. CIPA Wa	lver			
SECOND FUN		HICH YOU HAVE APPLIED FOR	R OF CIPA REQUIREMENTS FOR THE DISCOUNTS IF YOU AS THE BILLED ENTITY	
	make the certifice 254(h) and (l), be requirements preschools or library brought into con-	cations required by the Children' because my state or local procu- event the making of the certifica- ries represented in the Funding	the start of discounted services, I am unable to is Internet Protection Act, as codified at 47 U.S.C rement rules or regulations or competitive biddination(s) otherwise required. I certify that the Request Number(s) on this FCC Form 486 will be ents before the start of the Third Funding Year	C. §
	Billed Entity are to checking this bo	the Administrative Authority for x, you are certifying that the libr n 486 will be brought into compli	also request this waiver for FY2004 if you as the the library(ies) represented on this FCC Form 48 raries represented in the Funding Request Numblance with the CIPA requirements before the sta	36. By per(s)

#### DO NOT STAPLE

OMB Control No. 3060-0853

Entity Number	146705	Applicant's Form Identifier	MRV15-486B	9
Contact Person	Karen Jacobson	Phone Number	320-269-9297	

#### Block 3: Service Information

Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, item 3. If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here:

(A) FCC Form 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	Identification Number	(D) Service Provider Name From FCDL	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)
1040039	2833305	143006861	HCI Data Corporation	7/1/2015

<sup>7.</sup> Please provide the following information for each FCC Form 471 Block 5 (Discount Funding Request) Item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to USAC. You will need your FCDL for some of the information required below.

DO NOT	STAPLE			OMB Control No. 3060-0853
Entity Nu	mber	146705	Applicant's Form Identifier	MRV15-486B
Contact I	Person	Karen Jacobson	Phone Number	320-269-9297
Block 4:0	Certifications and			
8. 🔽	are covered by tec technology plan ap the name(s) of the	chnology plan(s), that have been a pprover) prior to the commenceme organization(s) that approved a t rm 486 or, if EVERY FRN listed in t	(les) receiving discounted services as indicate approved by a state or other authorized body ent of service and that cover all 12 months of technology plan for any eligible entity that is re this FCC Form 486 is for services that do not r	(i.e., a USAC-certified the funding year. Provide activing services covered
NONE				
1				
9. 🗹	the eligible entities in all of the services I I certify that I am au	identified in the FCC Form 471 applisted on this FCC Form 486 except thorized to submit this receipt of	6 have been, are planned to be, or are being polication(s) cited above. I certify that there are of for those services provided under tariff or conservice confirmation on behalf of the above-normy know ledge, information, and belief, all states.	signed contracts covering on a month-to-month basis. named Billed Entity; that I
check Ite 11d. A Bi who rep Item 11d	I understand that the disadvantaged school from those services retention period is records. FOR COMPLETING Total 11a or 11b or 1 stilled Entity who reporesents one or must check Item	nools and libraries that are treated as. I recognize that I may be audite required by the rules in effect at the d, that I rely upon to complete this ITHE CERTIFICATIONS IN ITEM 111C. Check only ONE item. If the presents one or more Administrative Authorities	services is conditional, for future years, upon as sharing in the services receive an appropried pursuant to this application and will retain for the time of your certification) any and all record form and, if audited, will make available to the 1: A Billed Entity who is the Administrative Billed Entity Is not the Administrative A distrative Authorities must check Item 1: es in Funding Years after Funding Year 2: 486 Instructions for Item 11, "Special No."	riate share of benefits or five years (or w hatever ds, including FCC Forms Administrator such we Authority must Authority, skip to Item 1d or 11e. A Billed Entity 001 and who checks
		PERTAINS TO A FUNDING YEAR P SKIP TO ITEM 12.	PRIOR TO FUNDING YEAR 2001 (THE FUNDIN	G YEAR BEGINNING

DO NOT STA	PLE		OMB Control No. 3060-0853		
Entity Numb	er 146705	Applicant's Form Identifier	MRV15-486B		
Contact Per	son Karen Jacobson	Phone Number	320-269-9297		
11. FOR A BI	LLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORIT	Y:	¥6 940		
I cert	ify that as of the date of the start of discounted services:				
a. <table-cell></table-cell>	the recipient(s) of service represented in the Funding R complied with the requirements of the Children's Internet and (I).		1 15 N 15 15 15 15 15 15 15 15 15 15 15 15 15		
b. [	pursuant to the Children's Internet Protection Act, as co service represented in the Funding Request Number(s)		e recipient(s) of		
(FOR	SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YE undertaking such actions, including any necessary proc requirements of CIPA for the next funding year, but has this funding year.	urement procedures, to comply with t	he		
(FOR	(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(I) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.				
с. 🗌	the Children's Internet Protection Act, as codified at 47 U.s recipient(s) of service represented in the Funding Requestiscount services only for telecommunications services.				
FOR A BI	LLED ENTITY WHO REPRESENTS ONE OR MORE ADMIN	ISTRATIVE AUTHORITIES:			
d. 🗌	I certify as the Billed Entity for the consortium that I have from all eligible members of the consortium.	collected duly completed and signed	FCC Forms 479		
е. 🗌	I certify as the Billed Entity for the consortium that the or under the universal service support mechanism on beha telecommunications services, and therefore the requirer codified at 47 U.S.C. § 254(h) and (I), do not apply.	If of eligible members of the consortiu	m are		
	ing Years after Funding Year 2001: If you checked It	em 11d above, check ONE of the b	ooxes below:		
f	I certify that some or all of the eligible consortium membe CIPA Waiver, and upon request from the Administrator I		seek a		
g. 🗌	I certify that no eligible consortium members checked FC	C Form 479 Item 6d to seek a CIPA Wa	aiver.		
The	certification language above is not intended to fully set fo	rth or explain all the requirements of t	he statute.		
	w pa				

**PrintPreview** 

FCC Form 486 DO NOT STAPLE Do Not Write In This Area

OMB Control No. 3060-0853

**Entity Number** 

146705

Applicant's Form Identifier

MRV15-486B

**Contact Person** 

Karen Jacobson

Phone Number

320-269-9297

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

12. Signature of authorized person

13. Date

14. Printed name of authorized person

Karen Jacobson

15. Title or position of authorized person

Director

16a. Street Address, P.O. Box, or Route Number

1315 East Black Oak Avenue

PO BOX 487

City

MONTEVIDEO

State

MN

Zip Code

56265 - 0487

16b. Telephone number of authorized person

Extension

16c. Fax number of authorized person

320-269-9297

320-269-5474

16d. Email address of authorized person

kjacobson@mrved.net

16e. Name of authorized person's employer

MN River Valley Education District

DO NOT STAPLE

OMB Control No. 3060-0853

**Entity Number** 

146705

Applicant's Form Identifier

MRV15-486B

**Contact Person** 

Karen Jacobson

Phone Number

320-269-9297

#### FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperw ork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperw ork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Please submit this form to:

SLD Form 486 PO Box 7026 Lawrence, KS 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Forms ATTN: SLD Form 486 3833 Greenway Dr Lawrence, KS 66046 888-203-8100 Applicant's Form Identifier: 1102079

Contact Person: Karen Jacobson

Entity Number: 146705

Phone Number: (320) 269-9297

#### Certifications and Signature

Do not write in this area

486 Application Number: 1102079

12. Cert ID = 1703604

13.Date 10/6/2015

14. Printed name of authorized person Karen Jacobson

15. Title or position of authorized person Director

16a. Street Address, P.O Box or Route Number

1315 East Black Oak Avenue PO BOX 487

**MONTEVIDEO, MN 56265-0487** 

16b. Telephone number of authorized person (320) 269 - 9297

16c. Fax number of authorized person: (320) 269-5474

16d. E-mail of authorized person: kjacobson@mrved.net

16e. Name of authorized person's employer: MN River Valley Education District

ATTENTION: If you are signing FCC Form 486 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.

Please Check to affirm your compliance 🗹

486 Application Number:
MINNES OTA RIVER VALLEY ED DISTRICT
1315 East Black Oak Avenue
MONTEVIDEO, MN 56265-0487

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C.Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C.Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

## FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public

#### FCC FORM 486 E-Cert

inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Please retain a copy of this page and submit a copy with any communications to the SLD.

Return to SLD Home Page

Copyright 1997-2015
Schools and Libraries Division

# FORM 486 NOTIFICATION LETTER



### FORM 486 NOTIFICATION LETTER (Funding Year 2015: 07/01/2015 - 06/30/2016)

October 15, 2015

Karen Jacobson MINNESOTA RIVER VALLEY ED DISTRICT 1315 East Black Oak Avenue MONTEVIDEO, MN 56265-0487

Re: Form 486 Application Number: 1102079
Applicant's FCC Form 486 Identifier: MRV15-486B

This letter is to notify you that the Universal Service Administrative Company (USAC) has received and accepted an FCC Form 486, Receipt of Service Confirmation Form, from you. This notification is to confirm the information that you provided. This information is being shared with the service provider whose Service Provider Identification Number (SPIN) you identified on each Funding Request Number (FRN).

You may be receiving this letter to revise or correct a previous Form 486 Notification Letter. The information contained in this letter supersedes any previous notification you may have received, including, but not limited to, a previously adjusted Service Start Date or previously reduced funding commitment.

An explanation of the data provided in our letter reports is in the Guide to USAC Letter Reports posted in the Reference Area of our website. Complete program information, including invoice deadlines, is also posted on our website. You may also contact our Client Service Bureau toll-free by phone at 1-888-203-8100, by email using the Submit a Question link on our website, or toll-free by fax at 1-888-276-8736.

#### NEXT STEPS

Discuss with your service provider whether you would like discounts on your bills or to pay your bills in full and be reimbursed for discounts.

Applicants invoice USAC before the invoice deadline using the applicant invoice [FCC Form 472, Billed Entity Applicant Reimbursement (BEAR) Form] for reimbursements of discounts after paying the service provider bills in full. Service providers invoice USAC using the service provider invoice [FCC Form 474, Service Provider Invoice (SPI) Form] after billing applicants for their non-discount portion. Whichever method you choose, you must pay your non-discount portion, as stated in program rules. Program rules also require that participants maintain all documentation for at least five years after delivery of discount service.

TO APPEAL THE SERVICE START DATE/FUNDING COMMITMENT CHANGE DECISION



If you wish to appeal a decision in this letter to USAC, your appeal must be received by USAC or postmarked within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

- Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
- State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing:

appellant name,

- applicant or service provider name, if different than appellant,
   applicant BEN and service provider SPIN,
   FCC Form 486 Number 1102079 and FRN(s) as assigned by USAC,
   "Form 486 Notification Letter for Funding Year 2015", AND - the exact text or the decision that you are appealing.
- Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
- If you are an applicant, please provide a copy of your appeal to the service provider(s) affected by the USAC's decision. If you are a service provider, please provide a copy of your appeal to the applicant(s) affected by the USAC's decision.
- Provide an authorized signature on your letter of appeal.

We strongly recommend that you use one of the electronic filing options. To submit your appeal to USAC by email, email your appeal to appeals@sl.universalservice.org or submit your appeal using the Submit a Question feature on the USAC website. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to us by fax, fax your appeal to (973) 599-6542.

To submit your appeal to us on paper, send your appeal to:

Letter of Appeal Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

For more information on submitting an appeal to USAC, please see Appeals in the Schools and Libraries section of the USAC website.

Schools and Libraries Division Universal Service Administrative Company

## FORM 486 NOTIFICATION LETTER REPORT (Funding Year 2015)

Funding Request Number: 2833305 Form 471 Application Number: 1040039 Service Provider Name: HCI Data Corporation Service Provider Identification Number: 143006861 Billing Account Number: BWSQ2235-01 Service Start Date: 07/01/2015



# BEAR FORM MRV15-HCI USAC INVOICE #2295681

Do not write in this space.

and the second

Approved by Ol OMB Control No. 3060 - 08 Estimated time per Response: 1.0 ho

#### **Universal Service for Schools and Libraries**

Please read instructions before completing.

. Service Provider Identification Number (CDIM)

(To be completed by schools, libraries, or consort

#### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

'ersons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b)

or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### CC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

'art 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of 1 pplication or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required obtain the requested authorization.

he public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching xisting data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burd stimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, 'aperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this ollection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

temember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this ollection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

HE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE 'APERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own eference)

### REPRESOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE 'APERWORK REDUCTION 3507.

\*\*PORTION 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

\*\*FCC Form 472 Invoice #

(To be inserted by administrator) 2295681

\*\*Billed Entity Name\*\*

### MINNESOTA RIVER VALLEY ED DISTRICT

### Billed Entity Number\*\*

146705

. Contact Telephone Num	ber	320- 2699297 ext 204	
Total Reimbursement An	nount (total from Block 2, Column 14)	\$8,208.66	
age 1 of 5	FCC Form 472		July 20

#### **Billed Entity Applicant Reimbursement Form**

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

3illed Entity Name \_ MINNESOTA RIVER VALLEY ED DISTRICT Billed Entity Number \_ 146705 
Contact Name \_ KAREN JACOBSON \_ Contact Telephone Number \_ 320-2699297204

\pp	licant Form Ident	tifier_ <u>MRV15-HC</u>	<u> </u>					
3L	OCK 2: LINE ITE	M INFORMATIO	ON PER FUNDIN	NG REQUEST N	UMBER			
	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Colur 13)
	9		DO NOT WRITE IN THIS COLUMN.	(10) or Column	plete either Column (11), but not both umns			
	1040039	2833305		11/18/2015		11,561.50	71.00	\$8,208.66
)								
}							962	
].								
)								
MESSAGE .		A CONTRACT OF A VICTOR						
7								
5-8-6								
}								
) terusas	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)							
10								
11								
12								
13								
4								
C	TAL REIMBURS	SEMENT AMOU	NT TO BE ENT	ERED INTO ITE	M (6)			\$8,208.66

### **BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name MINNESOTA RIVER VALLEY ED DISTRICT

Billed Entity Number \_146705\_

Contact Name KAREN JACOBSON

Applicant Form Identifier <u>MRV15-HCI</u>

#### **Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on beha of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billec Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.
- 15. Signature of authorized person Signed electronically by KAREN JACOBSON

16. Date 11/30/2015

- 17. Printed name of authorized person KAREN JACOBSON
- 18. Title or position of authorized person DIRECTOR
- 19. Telephone number of authorized person 320-2699297
- 20. Address of authorized person PO BOX 487, MONTEVIDEO MN 56265-0487

age 3 of 5

FCC Form 472

July 20

### **BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name MINNESOTA RIVER VALLEY ED DISTRICT

Billed Entity Number <u>146705</u>

Contact Name <u>KAREN JACOBSON</u>

Applicant Form Identifier <u>MRV15-HCI</u>

#### **Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued be the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.
- 21. Signature of authorized person (fax, copy or original signature)

22. Date

- 23. Printed name of authorized person
- 24. Title or position of authorized person
- 25. Telephone number of authorized person -
- 26. Address of authorized person

7. Applicant Remittance Information

Jame Karen Jacobson

itle Director

treet Address

315 E Black Oak Avenue

O Box 487

Iontevideo, MN 56265

OMB Control No.3060 - 08 Estimated time per Response: 1.0 ho

paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472 P.O. Box 7026 Lawrence, KS 66044-7026

sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms ATTN: SLD BEAR FCC Form 472 3833 Greenway Drive Lawrence, KS 66046 Phone: 1-888-203-8100

age 5 of 5

FCC Form 472

July 20

# FORM 472 BEAR NOTIFICATION LETTER DENYING PAYMENT



#### Form 472 (BEAR) Notification Letter

February 19, 2016

Don Hoversten HCI Data Corporation 555 Third Ave NW Hutchinson, MN 55350

Re:

Invoice Number - as assigned by USAC: 2295681 Service Provider Identification Number: 143006861 Reimbursement Form Number: MRV15-HCI

Billed Entity Number: 146705

Karen Jacobson MINNESOTA RIVER VALLEY ED DISTRICT 1315 East Black Oak Avenue PO BOX 487 MONTEVIDEO, MN 56265

> Preferred Mode of Contact: E-mail at kjacobson@mrved.net Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

#### BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 1040039 Funding Request Number: 2833305 Funding Year 2015: 07/01/2015 - 06/30/2016 Contract Number: BWSQ2235-01

Funding Commitment Decision: \$8208.67 Reimbursement Amount for this FRN: \$0.00 Reimbursement Request Decision Explanation: Service to Entity Not Approved on 471;



# MRVED/LCTN 2015-2016 CONTRACT

#### CONTRACT

# Little Crow Telemedia Network & MN River Valley Education District Telecommunications Administration and Support Services 2015-2016

This agreement, entered into this first day of July 2015, by and between Little Crow Telemedia Network based in Hutchinson, Minnesota (herein referred to as LCTN) and the Minnesota River Valley Education District based in Montevideo, Minnesota (herein referred to as the MRVED) witnesses that:

WHEREAS the MRVED has determined that it is necessary to retain the LCTN to provide services as needed by the MRVED. These services shall include, but not be limited to: scheduling of ITV; working with site principals and technology coordinators; overseeing maintenance, improvements and upgrades of technology; administration of data networks and Internet access circuits; troubleshooting, planning, and any other duties as needed or prescribed by the MRVED Board of Directors.

The LCTN will provide forty-seven (47) days of the LCTN coordinator's contracted time. The LCTN will provide thirty-five (35) days of the LCTN technician's contracted time. Cost per day for the Director is \$ 542.37 and Technician is \$493.45 or \$42,762.45 for the year, billed quarterly.

The MRVED will reimburse LCTN the cost of the director's and technician's compensation and office expenses of those budgeted expenses on a "per day" rate. These payments will be made quarterly. For travel expenses, Hutchinson will be the home office with mileage originating from Hutchinson. The director and technician will be personally reimbursed on a monthly basis upon receipt of a Request for Payment and documentation of travel expenses.

Notification of renewal or termination of this contract by either party shall be made in writing prior to March 1<sup>st</sup> of each year.

Changes, additions, or addendums to this contract can be made by the approval of both the LCTN and the MRVED Governing Boards. This contract shall be in effect from July 1, 2015 until June 30, 2016.

Signed:			
CTN Board Chair	9/21/15	MRVED Board Chair	9-14-15
COTN Boald Chair	Date	MÁVED Board Chair	Date
Pete Royer, LC/N Director	1/8/2018	Katen Jacobson, MRVED Dire	9-16-15
Pete Royer, LC/N Director	Date	Karen Jacobson, MRVED Dire	ctor Date

# HCI DATA CORP ORIGINAL INVOICE TO LCTN



### Invoice

Date	Invoice #
7/28/2015	240749

Bill To	Ship To	32.
Little Crow Telemedia Network 2 Century Avenue Hutchinson MN 55350		<del>aga aga asa asa asa asa asa asa</del>
	9	
e,		
•		

	9	Rep	P.O. Number	Contract Number	. WO NI	ımber
8		DTK				
Qty Item Code			Description		Price Each	Amount
1 J9822A		ZL2 Switch ber: SG53G4B22	w		2,630.00	2,630.00
2 J9548A		ion Module			2,286.00	4,572.00
4 J9550A	HP 24port	Expansion Module	e		1,886.00	7,544.00
4 J9150A		SFP+ Transceiver			669.00	2,676.00
I J9828A#ABA		PoE+ Power Supp			0.00	0.00
2 J9828A#ABA	HP 5400R 1	PoE+ Power Supp	ly		481.00	962.00
2 SFP-10G-LRM=	Cisco SFP-	10G-LRM SFP+7	ransceiver	*	695.00	1,390.00
2 PDUV20	TL 120V 20	A Basic PDU	78		128.40	256.80
4 N320-03M	TL LC/LC I	iber Cable 3M			24.00	96.00
2 SMX3000LVNC	APC Smart-	UPS X 3000VA			1,628.97	3,257.94
4 SMX120BP	APC UPS X	120V Ext Batter	y Pack		624.51	2,498.04
I SR42UB	TL 42U Rac	k		1	1,348.60	1,348.60
2 SRCABLEDUCTVRT	TL Cable M	anagement			148.00	296.00
nk you for your business.				Subtotal	<u> </u>	\$27,527.38
				Sales Tax		\$0,00
				Total		\$27,527.38

Please remit payment to BusinessWare Solutions 555 3rd Ave NW Hutchinson, MN 55350

BusinessWare reserves the right to a 20% restocking fee for anything returned after 10 days. All opened products automatically are charged a 20% restocking fee and are refundable only on a case by ease basis based on manufacturer return policy. All returns must be in original packaging and must be accompanied by an original receipt. Packaged software which is opened is non-refundable. No returns allowed after 30 days from inovice date. All refunds are paid by check via corporate office.

All invoices are NET DUE 10 days from invoice date.

# LCTN INVOICE TO THE MRVED \$11,561.50

#### LCTN

INVOICE

Little Crow Telemedia Network 2 Century Avenue Hutchinson MN 55350 Phone 320-295-7411 Fax 320-295-7509 Website: Ictn.org

> INVOICE#:0001-16 DATE: NOVEMBER 18, 2015

TO:
Karen Jacobson, Director
MN River Valley Education District
PO Box 487
Montevideo MN 56265

DESCRIPTION	TOTAL
MRVED portion of data center equipment upgrade	From Service and the control of the
HCI Data Corporation (SPIN #143006861) dba Businessware Solutions Invoice (see attached) – pd in full by LCTN	\$27,527.38
Less LCTN portion (58% - 11 districts/19 total districts)	(15,965.88)
MRVED portion (42% - 8 districts/19 total districts)	11,561.50
	The state of the s
	managaran da mayaran kerjada a waka waka ke ka ka waka ka
	ga Norsan en sing je Nogo Norsa (dekkangadan je 1831). Jaga (Ballary) (assarik pe
TOTAL DUE	11,561.50

#### Make all checks payable to:

LCTN 2 Century Avenue Hutchinson MN 55350

#### If you have any questions concerning this invoice, contact:

Pete Royer LCTN Director 320-295-7411 pete@lctn.k12.mn.us

# LETTER OF SUPPORT FROM LCTN

### **Little Crow Telemedia Network**

Pete Royer Director (320) 295-7411

Two Century Ave Hutchinson, Minnesota 55350 www.lctn.org Ray Norton Tech Support FAX (320) 234-021

February 23, 2016

USAC SLD - Erate

Dear SLD,

It has come to my attention that MRVED was denied Erate funding for our Data Center Equipment. The LCTN was awarded funding on the same equipment and since we share that equipment we believe they should be funded as well.

The LCTN and MRVED have a long history together. We started sharing classes in the 1990's and then we committed to establishing a joint WAN in 1999. We started sharing Internet access at 3 mbps at two locations. Now we offer 1.5 Gbps of Internet to our 19 schools.

The LCTN (BEN 145825) was awarded on Feb. 19, 2016, 471 = 1039486; FRN = 2831358. The LCTN has 11 schools in our coop and MRVED has 8 so we set the percentage based on those figures and were billed accordingly by BusinessWare (HCI Data Corp). LCTN was funded \$10,856.80 for our portion of the upgraded Data Center Equipment.

The equipment we upgraded to was much needed to increase our data access/speed to the Internet for all 19 school districts. We needed a faster and more stable solution as our bandwidth was increasing at an increasing rate.

We support the MRVED in their appeal for Erate funding for the FY2015 application.

Sincerely,

Pete Royer LCTN Director 2 Century Ave SE

Hutchinson MN 55350-3100 office: (320)-295-7411

G-phone (320) 434-1766

www.lctn.org